U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



7000			
1. File Number U - 5385	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name _{James} A Anderson	Name Local Union 160, IBEW Labor Organization File Number 022522		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 19625 Ivanhoe Ct	Street 2522 Marshall Street NE		
City Faribault	City Minneapolis		
State Minnesota ZIP Code + 4 55021	State Minnesota ZIP Code + 4 55418		
5. Position in labor organization. Business Representative			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name In Fra Source Under Stoud Power Trade Name, if any: Zac,	Lunch meetins 2/4/04		
P.O. Box, Bldg., Room No., if any			
6812 20th Axe 5	7.b. Amount.		
Street Center villa City	approx. \$ 13,00		
ony			
State MN ZIP Code + 4 55038			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	San	2	Park
		,	

On 8/2/2005

507-334-3207

Date

Telephone Number

Name of Person Filing James Anderson	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:	•		
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Missour': Vally Trade Name, if any: Approal Ticesh': D	Sch Commillee meeting Louch 2/3/04		
P.O. Box, Bldg., Room No., if any Street 1707 N 14th Street			
State IA ZIP Code + 4 50 12 5			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$9.60		